

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20212

STATE FILE NUMBER

FILED JUL 11 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.				Length of stay in lb		d. STREET ADDRESS 630 N. Ninth St. (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Forrest Middle Joseph Last Dicus				4. DATE OF DEATH Month June Day 26 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 13, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist & Ins. Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hacen, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joe Martin Dicus				14. MOTHER'S MAIDEN NAME Linda Morris			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. F. J. Dicus, Poplar Bluff, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4341							INTERVAL BETWEEN ONSET AND DEATH 3 weeks
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:45 P. a. m. p. m.		Month June Day 26 Year 1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.		20g. COUNTY Butler	
20h. STATE Mo.							
21. I attended the deceased from Oct 1956 to June 26, 1957 and last saw her alive on June 26, 1957 Death occurred at 11:45 P. m on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Marvin R. Barbours, M.D. (Degree or title)				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 6-28-57	
23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		23b. DATE 6-29-57		23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell		ADDRESS Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 7/6/57		26. REGISTRAR'S SIGNATURE By [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 8 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 48

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting..

If this body is not embalmed, fact should be, so stated above.